

SENATE JOINT RESOLUTION NO. 2

INTRODUCED BY M. WATERMAN, CHRISTIAENS, FRANKLIN, KEENAN

BY REQUEST OF THE LEGISLATIVE FINANCE COMMITTEE

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA ~~DIRECTING~~ REQUESTING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES AND THE DEPARTMENT OF CORRECTIONS TO COORDINATE AND COLLABORATE WITH STATE AGENCIES, LOCAL GOVERNMENTS, AND THE JUDICIARY REGARDING TRAINING AND EDUCATION PROGRAMS ON ISSUES SURROUNDING PERSONS WITH MENTAL ILLNESS AND THE CRIMINAL JUSTICE AND CORRECTIONS SYSTEMS.

WHEREAS, the United States Constitution and the Montana Constitution have been interpreted to protect the rights of persons with mental illness and to require that appropriate medical and mental health care and correctional standards provide guidance in this area; and

WHEREAS, the United States Department of Justice concluded in a 1999 study that 16% of inmates in prisons and jails suffer from a mental or emotional condition and have been identified as mentally ill and that only 6 in 10 mentally ill state prison inmates report receiving treatment for mental illness since admission to prison; and

WHEREAS, in Montana, it is estimated that there are between 300 and 400 male inmates at Montana State Prison and other inmates at the Montana Women's Prison and the regional correctional facilities who suffer from mental illness and who have all been arrested, detained, adjudicated, and incarcerated at the county level; and

WHEREAS, law enforcement officers are often the first responders when a disturbance occurs in the community, and without training in recognizing mental illness, appropriate action may not be taken and appropriate diversion or treatment may not be initiated; and

WHEREAS, recently, the Montana Law Enforcement Academy changed its curriculum to provide a 2-hour session on mental illness in its 35 hours of basic training on police function and human behavior, but no further training or continuing education on mental illness is required; and

WHEREAS, deinstitutionalization of state mental hospitals over the past 35 years, the lack of development of sufficient community services, and heightened law enforcement in response to increased

1 crime rates have led to a criminalization of people with mental illness; and

2 WHEREAS, incarceration in jails and prisons has consumed greater federal, state, and local
3 resources, while further development and maintenance of existing crisis beds, community diversion, and
4 treatment programs could be more humane and cost-effective; and

5 WHEREAS, the Mental Health Oversight Advisory Council, created by Senate Bill No. 534 (Chapter
6 577, Laws of 1999) to advise the Department of Public Health and Human Services, recommended training
7 for law enforcement personnel, education for other groups that interface with the mentally ill, and a
8 standardized screening tool for use in state and local detention facilities; and

9 WHEREAS, the Department of Public Health and Human Services has requested funding for a
10 mental health law enforcement liaison and has been working with the Department of Corrections.

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12 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE
13 STATE OF MONTANA:

14 That the Department of Public Health and Human Services and the Department of Corrections ~~be~~
15 ~~directed~~ IS REQUESTED to coordinate and collaborate with the Department of Justice, the Montana Board
16 of Crime Control, the Peace Officer Standards and Training Council, District Courts, courts of limited
17 jurisdiction, the State Bar of Montana, the Community Mental Health Centers, and other mental health
18 professionals to develop, coordinate, and integrate training on issues regarding mental illness and other
19 co-occurring disorders that present themselves in persons at various stages of the criminal justice system.
20 This training is necessary to protect the rights of persons with mental illness, to provide appropriate
21 treatment in the least restrictive setting, to protect all members of society, and to use the resources of
22 local and state government in the most effective manner.

23 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT the administrators and line staff in law
24 enforcement, adult and juvenile detention, courts of limited jurisdiction, District Courts, prosecution and
25 defense counsel, adult and juvenile corrections, and adult and juvenile probation and parole receive training
26 and education on issues regarding persons with mental illness and co-occurring disorders. The mental
27 health community, including the Community Mental Health Centers and other mental health professionals,
28 ~~must~~ SHOULD receive training on the issues from the legal, criminal justice, and corrections' perspectives.
29 Advocacy groups for persons with mental illness, victims, and family members of victims and offenders
30 ~~must~~ SHOULD be involved in the training and education.

1 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT training and education issues include signs
2 and symptoms of mental illness, emotional disturbance, and co-occurring disorders; the response towards
3 and management of persons suffering from mental illness, emotional disturbance, and co-occurring
4 disorders; crisis intervention; assessment and screening; suicide prevention and education; medication and
5 treatment; the distinct needs of males and females, children, and adults; community resources; appropriate
6 resources and referrals; and discharge planning.

7 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT training and education issues include
8 discussions of the misperceptions, stereotypes, and stigma attached to mental illness and discussions of
9 training needed to assist professionals in their day-to-day practice.

10 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT training and education issues include legal
11 processes and alternatives available, such as involuntary commitments, advance directives, or a
12 commitment to a community facility, program, or course of treatment; legal protections of persons with
13 mental illness; constitutional and statutory responsibilities; and potential liabilities of state and local
14 governments in incarcerating persons with mental illness.

15 BE IT FURTHER RESOLVED, that the legal community SHOULD be involved in specific training on
16 changes in statutes and practices, in standardizing practices across the state, and in awareness of current
17 processes that exist but that have been ignored or underused.

18 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT other groups, such as the mental health
19 community, the developmental disabilities community, vocational rehabilitation providers, public assistance
20 and child protective caseworkers, substance abuse counselors, and others whose clients are affected by
21 mental illness, receive training and education on issues regarding mental illness and co-occurring disorders.

22 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT training of law enforcement administration
23 and line staff be coordinated and certified by the Peace Officers and Standards Training Council and
24 integrated into a continuum of training and education for new officers and for officers who have been in
25 law enforcement for whom continuing education is more appropriate.

26 BE IT FURTHER RESOLVED, that IT IS REQUESTED THAT training be delivered in home communities
27 or regionally, to the extent possible, to assist in the development of community integration and to mitigate
28 costs to local governments.

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